

# CLAIMS ONLY

Application Number  
**101581096**  
Applicant(s)

Filing Date

CLAIMS

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend

May be used for additional claims or amendments

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Total  
Indep 3  
Total Depend 33  
Total Claims 36

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Total  
Indep 8  
Total Depend 8  
Total Claims 8

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